THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, MAY, 1915. No. 5

THE VALUE OF FOODS IN TUBERCULOSIS, AS RELATED TO THEIR COST.

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In many families the cost of food is a very important consideration. Especially is this the case when the additional burden of sickness has to be borne. In such cases it is very desirable that no part of the money spent for food should be wasted. And it is only by a wise selection of food materials, based upon a knowledge of nutritive values, that adequate nourishment can be provided at small cost. The purpose for which a particular food is intended should be a matter of careful consideration as well as the price per dozen or per pound.

The value of a food, it is to be understood, depends chiefly (1) upon the proportion of protein which it will furnish for building and repairing the tissues of the body and (2) upon the energy it will yield for the production of work and maintenance of the body temperature. Protein supplies the material for building and repairing tissues, while fats and carbohydrates are the chief sources of energy. From numerous observations and experiments it has been found that the amount of protein required ranges from 3.5 to 4.5 ounces per day, while the amount of fats and carbohydrates may vary rather widely with the taste of the individual so long as the total energy produced is from 3,000 to 3,500 calories per day. And while the selection of foods which will contribute the needed amounts of the different ingredients must of necessity be governed by the available market supply, the choice should also be influenced by the cost as related to the nutritive material furnished, due regard being paid to such secondary considerations as palatability, variety, and individual tastes.

To judge of the relative value of different foods it is necessary to compare them (1) as sources of proteins, or (2) as sources of energy. And for this purpose the market price alone is of little value. For instance, there is as much total nutriment in a pound of wheat flour as in 3½ quarts of oysters, and yet the oysters would cost many times as much as the flour. So that it will be seen that if a food contains little protein or energy and is high in price it is evident that it is really an expensive food; while on the other hand a food which is high in price may be really a very cheap food on account of the fact that it furnishes

large amounts of protein or energy, or both. A low-priced article is not necessarily a cheap source of nutrients. Cabbage at 2½ cents a pound is low in price, but ten cents worth of cabbage furnishes only 0.056 pound of protein, and 500 calories of energy, while ten cents worth of wheat flour at three cents per pound furnishes 0.38 pound of protein and 5,490 calories of energy, and is, therefore, truly cheap.

In like manner, each of the different kinds of food materials may be considered.

Meat

There is an impression that the costlier cuts are more valuable. This, of course, is a mistake, because an ounce of protein or fat from the tenderloin of beef has no more value, as far as nutriment for the body is concerned, than the same quantity of protein or fat from the shoulder or round. It is true, of course, that the expensive cuts are probably more tender, that they can be served in a more attractive form, and that possibly they have a more desirable flavor. But it is also true that with careful cooking and seasoning the cheaper cuts can be made very tender, palatable, and appetizing. On the other hand, it is to be observed that the cut of meat which costs the least per pound is not in every case the least expensive. For instance, a rib roast selling for, say, 16 cents per pound as it lies on the block may contain so much bone that when trimmed the actual meat will cost from 22 to 24 cents, and I have seen steak sold at 12½ cents per pound which was in reality costing the consumer from 20 to 22 cents per pound for the actual meat.

A fat cut further contains more actual nutrients than a lean cut of the same kind. Thus a lean piece of chuck and shoulder would contain about 16 p.c. of protein and 7 p.c. of fat, while a fat piece would contain about 13 p.c. of protein and 23 p.c. of fat. Therefore, provided the fat is used, the fatter piece is the more economical, because, while supplying almost the same amount of building and repairing material, it possesses a much higher fuel value. The following table gives some interesting information concerning the comparative values of different meats.

Comparative Values and Prices of Meats

Kind of Meat	Price per Pound	10 cents will purchase	
		Protein	Energy
BEEF—	Cents	Pounds	Calories
Tenderloin steak	25	0.064	415
Sirloin steak	20	.081	520
Round steak	14	.135	635
Loin roast	18	.090	580
Rib roast	16	.088	730
Chuck	12	.129	765
Rump	12	.114	920
Shoulder	10	.155	920
Neck	7	.207	1100
Brisket	6	.200	1945
Flank	6	.284	1860
Shank	5	.256	1090

Kind of Meat	Price per Pound	10 cents will purchase	
		Protein	Energy
PORK—	Cents	Pounds	Calories
Smoked ham	20	0.071	840
Bacon	14	.065	1985
Fresh ham	12	.112	1120
Ribs and loin	10	.134	1270
Fat salt pork	10	.019	3670
Sausage	10	.130	2125
Lard	9		4685

Kind of Meat	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories
VEAL—			
Cutlets	23	.089	310
Loin and rib	18	.093	385
Leg	16	.098	390
Shoulder & breast	12	.180	530
Chuck and neck	12	.133	425
Knuckle and shank	6	.346	985
Flank	6	.424	1370
MUTTON AND LAMB—			
Loin	18	.076	810
Leg	14	.107	640
Chuck and shoulder	12	.099	1120
Neck	5	.243	1970
Flank	5	.276	3630

Eggs

A dozen eggs, which would weigh about a pound and a half, would furnish nearly as much protein, but only about two-thirds as much energy as a pound of medium fat beef shoulder. This beef would cost about 10 cents and would supply 0.155 pounds of protein and 920 calories of energy; the eggs would cost about three times as much and would furnish about 0.13 pound of protein and 640 calories of energy; while 10 cents spent in white bread would furnish 0.36 pound of protein and 4800 calories of energy.

Eggs, of course, are so useful in general cooking, and can be so easily prepared that they become almost indispensable as an article of diet. And taking these points into consideration it may be said that up to 25 cents per dozen they might be classed as comparatively cheap food.

Dairy Products

Whole milk is a very economical food. At six cents a quart, ten cents will furnish more protein and more energy than the same sum spent in beef rump at fourteen cents a pound. Skimmed milk is even more economical, since it contains practically the same amount of protein as whole milk, but costs not more than half as much per quart. As a source of protein, which is the tissue builder and repairer, it is twice as economical as whole milk. Cream and butter are not economical foods, but the use of butter on bread renders bread and butter a very complete food. The comparative value of dairy products may be shown in the following table:

Comparative Values and Prices of Dairy Products

Kind of Dairy Pdt.	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories
Butter	28	.004	1300
Cheese	16	.163	1230
Whole milk, per qt.	6	.110	1080
Skimmed milk, qt.	3	.203	1130
Cream, per qt.	25	.034	1220
Condensed milk	12	.073	1260

Cereals

These are, on the whole, the cheapest and most economical materials consumed, although there are exceptions. It has been estimated that cereal products comprise about 22 p.c. of the total food of the average

family and supply 30 p.c. of the total protein, 8 p.c. of the total fat, and nearly 55 p.c. of the total carbohydrates.

The cereals most commonly used are wheat, oats, corn, rice, and barley. They are all deficient in fat, contain fair proportions of protein, and supply large quantities of carbohydrates in the form of starch. For this reason they should not be eaten alone, but should be combined with other materials furnishing protein and fat.

The so-called breakfast foods afford a pleasing variety. Generally speaking, they are all wholesome and valuable, and when reasonable in price they are economical sources of nutrients, as compared with meats or green vegetables. Their nutritive value depends entirely upon the grain from which they are derived and is never greater than the flour or meal from the same source. The comparative values of the common cereals is shown in the following table:

Comparative Values and Prices of Cereals

Kind of Cereal	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories	Kind of Cereal	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories
Crackers	8	.134	2380	Buckwheat	6	.069	2770
Rice	8	.100	2040	Barley	5	.170	3300
Wheat Breakfast Foods (as put up in packages)	7.5	.161	2260	Hominy	5	.166	3300
				Bread, white	5	.184	2430
				Rye Flour	3	.227	5430
Wheat Breakfast Foods (in bulk)	4	.302	4250	Wheat Flour	3	.380	5490
				Graham Flour	3	.443	5580
Oatmeal (as put up in packages)	7.5	.222	2460	Entire Wheat Flour	3	.460	5580
				Cornmeal	2.5	.368	6620
Oatmeal (in bulk)	4	.418	4625				

Vegetables

Vegetables are valuable as sources of energy, though a number of them supply as well considerable quantities of protein. They also have a value in that they supply a certain bulkiness in the diet. They differ, however, somewhat widely in respect to their value as sources of protein and energy, as may be seen from the following table:

Comparative Values and Prices of Vegetables

Kind of Vegetable	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories	Kind of Vegetable	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories
Canned Corn	15	.028	455	Onions	3	.047	685
Canned Peas	12	.030	215	Cauliflower	2.5	.043	560
Canned Beans	12	.058	500	Cabbage	2.5	.056	500
Canned Tomatoes	6	.020	175	Parsnips	1.5	.069	1600
Celery	5	.045	350	Beets	1.5	.069	1130
Dried Beans	4	.562	4010	Turnips	1	.090	1250
Green Beans	3	.136	1230	Potatoes	1.5	.120	1130
Green Peas	3	.105	850				

The following tables illustrate the comparative values of different foods, while the graphic chart shows in a different way the same points as far as some of the more common foods are concerned:

Comparative Values and Prices of Food Materials

Showing foods classed as cheap, medium-priced, and expensive, as determined by the amount of protein and energy that can be purchased for 10 cents.

CHEAP

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	Energy Calories
BEEF—			
Plate	6	.230	2150
Brisket	6	.200	1945
VEAL—			
MUTTON AND LAMB—			
Neck	5	.243	1970
Flank	5	.276	3630
PORK—			
Fat Salt Pork	10	.019	3670
Bacon	14	.065	1985
Lard	9		4685
Sausage	10	.130	2125
FISH—			
DAIRY PRODUCTS—			
EGGS—			
VEGETABLES			
Dried Beans	4	.562	4010
Split Beans	4	.615	4400
Potatoes	1.5	.120	2070
Sweet Potatoes	2	.060	1900

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	Energy Calories
CEREAL PRODUCTS—			
Rice	8	.100	2040
Wheat Breakfast Food	4	.302	4250
Oatmeal Breakfast Food	4	.418	4625
Bread	3	.305	4050
Cornmeal	2.5	.368	6620
Crackers	8	.134	2380
Barley	5	.170	3300
SUGARS, STARCHES, ETC.—			
Cornstarch	8		2090
Tapioca	6		2780
Sugar	6		3130
Molasses	6		2580
FRUITS—			
MISCELLANEOUS—			

MEDIUM

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	Energy Calories
BEEF—			
Flank	6	.284	1860
Neck	7	.207	1100
Shank	5	.256	1000
Shoulders	10	.155	920
VEAL—			
Flank	6	.424	1370
Knuckle	6	.346	985
MUTTON AND LAMB—			
Chuck and shoulder	12	.099	1120
Loin	18	.076	810
PORK—			
Smoked Ham	20	.071	840
Fresh Ham	12	.112	1120
Smoked Shoulder	10	.108	1130
Fresh Shoulder	10	.120	1480
Ribs and Loin	10	.134	1270
DAIRY PRODUCTS—			
Butter	28	.004	1300
Cream (25c. qt.)	15	.034	1220
Whole Milk (6c. per quart)	3	.110	1080
Skimmed Milk (3c. per qt.)	1.5	.203	1130
Condensed Milk	12	.073	1260
Cheese	16	.163	1230

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	Energy Calories
FISH—			
Salt Mackerel	8	.204	1290
EGGS—			
Per dozen	16	.083	400
VEGETABLES—			
Green Beans	3	.136	1230
Green Peas	3	.105	850
Parsnips	1.5	.069	1600
Beets	1.5	.069	1130
Turnips	1	.090	1250
Green Corn	2	.060	900
CEREAL PRODUCTS			
SUGARS, STARCHES, ETC.—			
FRUITS—			
Apples	1.5	.027	930
Pears	3	.020	980
Grapes	3	.033	1120
Figs	16	.027	930
Dates	10	.019	1095
Prunes	10	.018	1190
Raisins	10	.023	1445
Dried Apples	10	.016	1350
Dried Apricots	10	.047	1290
MISCELLANEOUS—			
Cheese	16	.163	1230

EXPENSIVE

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories
BEEF—			
Chuck	12	.129	765
Rib	16	.086	730
Round	14	.135	635
Loin Roast	18	.090	580
VEAL—			
Cutlets	23	.089	310
Loin and Rib	18	.093	385
Leg	16	.098	390
Chuck and Neck	12	.133	425
MUTTON AND LAMB—			
Leg	14	.107	640
PORK—			
FISH—			
Salmon, fresh	35	.040	175
Salmon, canned	15	.146	615
Cod, salt boneless	20	.139	275
Lobster, canned	35	.052	175
Oysters (35c. qt.)	18	.030	130
DAIRY PRODUCTS—			
EGGS—			
CEREAL PRODUCTS—			

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories
VEGETABLES—			
Cabbage	2.5	.056	500
Lettuce			
Cucumbers			
Tomatoes			
Celery	5	.045	350
Onions	3	.047	685
Greens			
Canned Corn	15	.028	455
Canned Peas	12	.030	215
Canned Tomatoes	6	.020	175
SUGARS, STARCHES, ETC.—			
FRUITS—			
Pineapple	10	.004	200
Peaches, fresh	4	.025	635
Peaches, canned	8	.009	280
Bananas	7	.011	430
Oranges	7	.011	345
Berries	6	.007	290
Cherries	6	.015	575
Muskmelon	3	.006	200
Cranberries	4	.010	535
MISCELLANEOUS—			
Chicken	15	.092	520
Turkey	18	.092	600

Now, in tuberculosis the foods require an increased supply of protein, together with an adequate quantity of energy producing material, such as fats or carbohydrates. The most important articles of diet are the animal foods, and milk, beef, and fats and oils should form the essentials. Starches and sugars are allowable in milder cases, but never to the exclusion of the nitrogenous elements.

For patients suffering from tuberculosis there should be selected from the different classes of foods the following as being the most suitable:

Cheap—Beans, peas, cereal products such as wheat flours, wheat breakfast foods, oatmeal, cornmeal, and bread; cheaper cuts of meat; bacon, sausage; tapioca, rice, sugar, molasses; skimmed milk.

Medium—Preserved fish (cod, salmon, halibut); green peas and beans; cut of leaner meat; fresh fish; eggs (not exceeding 24 cents per dozen); chicken, turkey; whole milk.

Expensive—Condensed milk; fat meats; shell fish; oysters; cream; vegetables; fresh and dried fruits; butter and lard; canned vegetables and fruits.

Definite rules such as would apply to all cases cannot be given, but enough has been said, and enough material furnished to make it possible during the present period of hard times for both those who are well and those who are sick to select a dietary that will be at once nutritious and economical.

GENERAL HOSPITAL NO. 4.—UNIVERSITY OF TORONTO.

Such is the name of the unit which is attracting so much attention at the present time. Its development along with Hospital No. 3, McGill University, is largely owing to the spirit of self-sacrifice shown in university circles during the war. It was felt that universities could best serve their country by the establishment of large, well-equipped hospitals. The University of Toronto gave several of its teachers and forty-four of its recent graduates and advanced students to establish a clearing hospital. This was an important development and should be of great use as the personnel of its staff is somewhat striking, and many of the young men giving their services in humble capacity are of great ability. Already they have shown their worth by doing a splendid service in the investigation and control of the cerebro-spinal meningitis outbreak. Without their help the epidemic might have reached serious proportions.

However, the General Hospital involves a much more elaborate and somewhat different equipment, including the development of an institution, based to a great extent on the same lines followed in any general hospital. The work done will be carefully organized, the arrangements for scientific supervision are well devised, and fully equipped laboratories will be attached in which clinical, pathological and X-Ray investigations will be carried on. In other words, with a staff composed of many of the most accomplished physicians, surgeons and scientists on the University staff, efficiency must follow, especially in view of the fact that they will be aided by a carefully selected group of nurses whose ability is well known. As a matter of fact, efficiency has been the one thing kept in view in the development of this hospital. The Militia authorities have shown a keen desire to co-operate in every way possible and have been liberal in outfitting the hospital as thoroughly as they can—but War Office ideas and medical ideas are far apart when it comes to the question of necessary equipment. For this reason the University Staff has undertaken to raise a large fund to add what appears to them to be necessities for the efficient care of patients and the saving of valuable lives. Very few people, not in the inner circle, have any conception of what it costs to maintain a hospital, and the criticism is often heard that the demands for assistance are extravagant and unreasonable. On the contrary, they are, if anything, understated.

The Medical Staff of the Hospital is made up as follows:

Heads of Services.

Medicine.

Lt.-Col. Graham Chambers
Lt.-Col. A. R. Gordon
Major C. S. McVicar
Major H. C. Parsons
Capt. G. F. Boyer
Capt. S. R. D. Hewitt
Capt. J. C. Gallie
Capt. A. A. Fletcher
Capt. H. Wookey
Major McGillivray
Capt. A. H. Caulfield
Capt. J. H. McPhedran
Capt. R. G. Armour

Skin.

Major D. King Smith

Eye.

Capt. W. H. Lowry

Dental Surgery.

Capt. G. Gow

Surgery.

Lt.-Col. A. Primrose
Capt. B. P. Watson
Lt.-Col. J. A. Roberts
Major E. S. Ryerson
Lt.-Col. W. McKeown
Major J. Malloch
Capt. R. E. Gaby
Lt.-Col. W. B. Hendry
Capt. G. E. Wilson
Capt. N. Yellowlees

Laboratory.

Professor T. G. Brodie
Professor J. J. MacKenzie
Capt. C. G. Imrie
Capt. Duncan Graham
Major J. A. Amyot

Nose and Throat.

Capt. G. Royce

Genito-Urinary.

Capt. R. Pearse

The Nursing Staff of the Hospital is as follows:

Matron—Miss A. Hartley.

Miss M. J. Allwood.
Miss J. Alport.
Miss K. Adams.
Miss E. Augustine.
Miss P. B. Austin.
Miss M. L. Adams.
Miss M. Bastedo.
Miss M. A. Best.
Miss A. Baird.
Miss E. A. Brewer.
Miss E. Clarke.
Miss Agnes Craddock.
Miss N. Campbell.
Miss A. L. Campbell.
Miss I. P. Courtice.
Miss S. A. Campbell.
Miss M. Carmichael.
Miss F. Charteris.
Miss A. M. Christie.
Miss Conlin.
Miss Cummings.
Miss A. Dickson.
Miss M. E. Dow.
Miss D. Dean.
Miss M. Darling.
Miss A. Doyg.
Miss E. Dunn.
Miss L. A. Davis.
Mrs. S. M. Driver.
Miss E. F. Elliott.
Miss E. E. Fraser.
Miss M. E. Fletcher.
Miss A. Fields.
Miss S. E. Fellows.
Miss Ferguson.
Miss G. A. Gray.
Miss L. A. Gamble.
Miss M. F. Galbraith.
Miss A. V. Gamble.
Miss A. Grindlay.
Miss A. Huston.
Miss E. M. Johnston.
Miss Z. M. Keefer.
Miss M. Lucas.
Miss M. McEachren.
Miss E. L. Moore.
Miss M. McCort.
Miss J. M. Martin.
Miss E. Morris.
Miss E. McLeish.

Miss McElroy.
Miss Muldrew.
Miss H. MacCallum.
Miss A. M. Oram.
Miss M. E. Owen.
Miss C. M. Oatman.
Miss R. Peterkin.
Miss M. I. Richardson.
Miss A. K. Ross.
Miss E. L. Richmond.
Miss I. Robertson.
Miss J. T. Scott.
Miss A. M. Stirling.
Miss C. I. Stewart.
Miss L. Stevenson.
Miss G. L. Spanner.
Miss H. Sibbald.
Miss Stagg.
Miss N. Turner.
Miss C. L. White.
Miss Wilkinson.
Miss M. Wood.

C. K. CLARKE, M.D.
Superintendent Toronto General Hospital.

INSTITUTION FOR INFANTS.

In considering the best conditions for the relief of acutely sick infants and for foundlings or abandoned babies, two important factors must always be kept in mind: (1) The unusual susceptibility of the infant to its immediate environment, and (2) its great need of individual care. The best conditions for the infant thus require a home and mother. The further we get away from these vital necessities of beginning life, the greater will be our failure to get adequate results in trying to help the needy infant. Strange to say, these important conditions have often been overlooked, or, at least, not sufficiently emphasized by those who are working in this field.

One of the cardinal points in handling these acutely sick infants is to realize that the stay in the hospital should be as short as possible after the subsidence of the acute symptoms. The reasons for this are obvious to those who have had much experience along this line. Unless the infant is quickly discharged after the acute symptoms have subsided there is frequently a progressive loss of weight which usually bears an inverse ratio to the age. Perhaps the greatest danger in keeping sick infants long together comes from the ordinary ward infections, the mucous membranes usually bearing the brunt of these infections. We may thus have rhinitis, pharyngitis, tonsilitis, otitis media, bronchitis and broncho pneumonia. It is generally those infants who have been longest in the hospital who succumb to these cross infections. The pneumococcus and streptococcus seem to cause most of the trouble, although in certain seasons the influenza bacillus is also very active. Hospital babies show a poor resistance to added infection—their immunizing power against bacteria and other infections seems to be largely lost after a certain length of time in our institution. In a word, in order to insure good convalescence, the infant must be kept in a hospital for only a short time; it must be carefully guarded from

auto—and—hetero—infection while there, and finally, sent out to recuperate under as favorable conditions as possible.

It was with these ideas in view that the Infants' Department at the Hospital for Sick Children was established. This unit is now situated in the new wing and approximately accommodates 60 infants, for whom there is a nurse for every two children, in this manner attempting to approach the home surroundings where the infants are handled and moved about. The department is divided into small and large glass cubicles, with central corridor between the cubicles, the small cubicles accommodate 2-3 infants, and the large 4-5. Each cubicle has its own ventilating, heating and water system. All the infants are attended to in their own cubicles, thus eliminating contact with infants from other cubicles. With this arrangement we find the spread of respiratory infections to be at a minimum. Children suffering from pneumonia, meningitis, etc., can, so to speak, be treated on the same ward yet separated by glass cubicles which, in themselves, are sufficient to prevent infection. In this manner we have an infants' hospital in small units. The equipment in this one department is complete, including accommodation for two wet nurses, premature room, dressing and minor operating room, and milk modifying laboratory.

Thus the large ward has given way to separate units in the treatment of children, and so far, with infinitely more satisfactory results, but even yet our results can be much improved. The unit of civilization is the family which offers the healthiest physical environment. The most susceptible member of the family to all external conditions is the infant. We must see to it that relief is afforded in the most natural and effective way to these unfortunates who come under our care. For this reason the infant asylum or home must go. Cottages must take the place of barracks. An increased knowledge of the real needs of infant life will not tolerate the old methods much longer, for a larger and wiser human spirit is at work on these problems, which is not content to put up with evils that can be avoided.

HOSPITAL FOR SICK CHILDREN, TORONTO.

EXPERIENCES OF A CANADIAN NURSE IN FRANCE

In January, 1914, I went over to Paris and lived at 6 Rue Freycinet with seven other nurses, all of them graduates of New York hospitals. We had a very nice apartment, with a telephone, and a French maid, who did all our marketing, and cooking, and looked after us generally.

We all did private nursing, working usually for the American doctors and among members of the American colony in Paris. During the last week of July the rumors of war became more and more ominous, until finally, on Saturday afternoon, the order came for the

army to mobilize. All the strangers in Paris were given twenty-four hours to leave the city. At the end of that time, if the Germans had not left, they were sent to concentration camps, and everyone else had to procure their passport from the Consuls of their respective countries, and then get a permit from the police officer in the district in which they lived. One had to have these permits, whether one was either staying in Paris or leaving, and as we only had three days in which to procure them, the crowds were terrible, and at times the line extended for several blocks. Another nurse and myself stood in line from two p.m. until one a.m. It was the same at all the banks and express companies. Fortunately, there were a number of us and we all divided up whatever money we had.

During the first week of the war the American doctors in Paris offered to get up an ambulance for the care of the wounded, and telephoned to all the American nurses and asked them if they would volunteer to help. We all did so gladly, and the American people very generously and promptly contributed money and formed a committee for buying and arranging matters. The French Government gave us the use of a large boys' school; it was a new building, not quite finished and absolutely empty, but it was ideal for the care of surgical patients. This building was just outside the gates of Paris at a place called Neuilly-sur-Seine. The Porte Maillot was the gate we usually went in and out of, and there were huge trenches dug all about it, and always several sentries on guard. No taxicabs or motors could pass through this gate without a special permit.

Towards the end of August things looked blacker and blacker, and it seemed inevitable that Paris was to be taken by the Germans. Never at any time did I see the least sign of a panic on the part of the French people, but the sadness of the faces and the place will never pass from my memory, and the sight and sound of taxis rushing for the stations, piled high with luggage and passengers. The French Government left, also the British, Belgian and Russian legations, with the exception of the American and Canadian. One day word was sent that the gates were to be closed on us, so we sent all the ambulances into Paris and bought up extra provisions and supplies. All this time we were constantly seeing German aeroplanes flying about, with French ones chasing them and shooting at them. At times, especially during the night, we heard the boom of cannon, and I assure you it is not a pleasant sound, when one knows the enemy is near, and we had heard such terrible tales of what the Germans could do. We could not believe our ears when we were told that the Germans were retreating. Up to this time we had only had a few patients, as the authorities were very wisely keeping the city as empty as possible in case of a siege. The city was well prepared for, and expected, a long siege; there were provisions of

all sorts laid in, and herds of cattle, both sheep and cows, were pastured in the Bois du Boulogne.

As soon as the retreat of the Germans was assured the patients were sent in to us, and we got a great number after the retreat from Mons. The poor fellows were in a state of absolute exhaustion, and the filth was indescribable. The majority of them had not had their clothes off for from ten days to three weeks. After they had a bath and a square meal and a sleep they were a changed lot, and all of them asked at once for a shave and cigarettes, and were terribly excited and talkative. Some of these men had been taken prisoners by the Germans, but when the latter retreated they left the wounded behind, so our ambulances brought them back to us. We had one hundred motor ambulances; each one could carry two stretcher cases, or from six to eight men sitting. By the way, ambulance, in France, means a building that is temporarily turned into a hospital.

After the battle of the Marne we were swamped with patients. Imagine, if you can, fifty stretcher cases at once, and as soon as they were attended to, thirty more; and just as we were going off duty at night, fifty to sixty more. All these men were given at once a bowl of hot soup with an egg beaten up in it; then a bath and Anti-Tetanus serum; then they were taken to the X-ray room, and in some cases to the operating room. No one thought of hours or time off. We all went "right on with our work." For about three months this sort of work kept up; then the situation grew much better and we got our ambulance well fitted up and organized. Also we got a great many more nurses and doctors over from America and were able to have a regular night and day staff, and generally to get our hours off, and occasionally a half-day.

The patients were all wonderful, so patient, and sweet to each other; and the moment they were up they helped us in every possible way. We had English, French, Germans, Belgians, Moroccans, Algerians, Turcos, and Singalese. The Germans were civil and gave us no trouble, but they were very silent and rather surly. Of course, they were prisoners and did not know what to expect. One asked: "What will they do with us, will they shoot us?" The other men were so jolly and cheerful, directly their first troubles were over, and they all told us such exciting tales of their lives at the front or in the trenches, and of how they felt when they went into action. All of them said their one hope was that they would not be wounded until late in the day, as they were not picked up until after dark, and it was terrible to lie wounded on the battlefield all day. Most of them said they had to pretend they were dead, or the Germans would kill them; but one man told me he was lying on the field beside a German, and the latter did his first dressing for him and then turned over and died; also an-

other man told me a German carried him over to a safe place and gave him a drink. Several of our patients were decorated with the Medal of Honor. On Xmas Day we had a tree for the men, and it was a wonderful sight to see them filing down the stairs to receive their presents, men of all countries and all nations, in the most fantastic costumes, pink or blue pyjamas, grey wrappers, and mingled with these were the picturesque uniforms of the French, Algerians and Zouaves, and the more sober khaki of the English Tommies. After all the men who could walk downstairs had received their gifts from the tree, one of the orderlies dressed as Santa Claus and went through the hospital, giving presents to the patients who were too ill to leave their beds. Then a number of people walked through the wards and corridors singing carols.

At midnight the priest who was in residence at the ambulance said Mass, and every soldier who could hobble or crawl got up and attended again at 6 a.m.—one of the wounded soldiers who, in times of peace, was a priest said the Mass. I found nearly all of the soldiers were deeply religious.

Early in January I went over to England, where things seemed very different to the Continent. Soldiers were everywhere, of course, and at night London was in complete darkness, but otherwise it was hard to believe that such a short distance away people were homeless and destitute, and that soldiers were suffering and dying from wounds so dreadful that one's most vivid imagination could not even faintly picture them.

MABEL LINDSAY, R.N.
Graduate of the Royal Victoria Hospital, Montreal.

THE INDIAN HOSPITAL.

(The Pas, Man.)

For the benefit of the School and of the Indians of the surrounding Reserves, the Department of Indian Affairs built on a site within 300 feet from the School a hospital for the sick, at a cost of $10,000. It is a substantial frame building, capable of accommodating 25 patients, with basement and a veranda extending the width of the front. Water and light are supplied from the School plants, while the heating is from two hot-air furnaces in the basement. On the ground floor are the doctor's office, men's ward, women's ward, dispensary, operating room, dining room, kitchen and pantry; on the second floor are two semi-private wards, doctor's bedroom, nurses' bedroom and sitting room, housekeeper's room, bathroom, linen room, and a bedroom for emergency help. Separate in a wing by itself is the isolation ward for infectious cases. The interior is finished in beaverboard; the walls are sheeted with alternate layers of lumber, Cabot's quilt and Neponset

paper, and the whole finished off on the outside by three-ply roofing.

The nurse in charge of the hospital is Miss Mabel Jenner. She is a graduate of St. Joseph's, Chatham, Ont. Before she came here she was engaged in private nursing in Winnipeg for three years. Miss Jenner is indefatigable in her duties to the sick from the School and from the Reserves. She is winning her way into the hearts of the Indians, and quickly breaking down the prejudice against hospitals which usually characterises them at first. From the very first good work has been accomplished, and we look forward to its still greater usefulness and benefit. Patients are coming now as far as from Nelson House, on the Hudson's Bay. The hospital is entirely under the control of the Department of Indian Affairs.—*The Advocate.*

NURSES IN MANY HOMES.

Miss Lillian D. Wald, head of the Henry Street Settlement, in discussing the work of district nurses and the responsibility which attaches to them, speaks of the excellent care it is possible to give to little children in the home by the district nurse, and of the educational value to the mother and entire family.

She says: "It must be taken into account that when a child is removed to the hospital he is disturbed by new and strange surroundings, and is deprived of the presence of his mother. The possibility of educating the mother to intelligent nursing has been shown over and over again. The technical care given by the nurse impresses her. She watches the daily bath; the antiseptic care of the mouth, the nasal passages, the eyes, and the excretory organs; the skilful application of hydrotherapy; the careful record of the symptoms, the regularity of visits, the commonsense hygiene, the punctilious preparing of the diet, the skill in making use of the poor provisions of the home.

"Moreover, the nurse's services in the home are preventive; not that she can, through her nursing, avoid or prevent illness arising from bad social, housing, economic, and industrial conditions, but in the sense of avoiding prolonged or chronic illness, complications and disasters which may be due to neglect or unintelligent care, when small matters are important and often balance the result of a disease of acute character.

"With an intelligent nurse and a broad conception of her place in the home during the illness of any member, and the understanding of the physician as to what she may with propriety do, it is quite possible to regulate the nursing of the entire twenty-four hours. She can give the difficult and technical care, writing out very definitely and with much detail just what should be done between the intervals of her visit. The doctors who do not visit their patients regularly are enabled

to have a very fair knowledge of the patient through the bedside notes which the nurse may leave for them or send as often as they may desire.

"I am loath to appear to criticise the admirable care that may be given to children in the hospitals and institutions, and there are certain instances where joint diseases and tubercular conditions cannot be properly cared for in the homes, cases in which prolonged fresh air treatment, including careful supervision of the diet and exercise are necessary. Ordinarily, however, the sick child can be cared for at home. If it were possible to compare the results with children suffering from acute diseases who have been treated in the hospitals with those in the homes, I have no doubt that there would be astonishing and convincing evidence entirely favorable to the care in the homes. This benefit to the children cannot be promoted unless the public recognizes that hospital and home treatment are both necessary for the community, that the reduction of child mortality depends upon the education of the mothers and the other members of the family of the sick child, and that the visiting nurse holds the key to the simplest methods of accomplishing it.

"I do not deny that the child in the tenement house may have unwise, over-zealous care, especially when the mother is left to herself without professional supervision; but the faithful carrying out of the treatment prescribed by the physician, and the wise direction of the mother's efforts by the nurse, cannot fail to operate for the good of the sick child in the home. The service of the district nurse must be comprehended as one part of the entire treatment wherein the doctor and the mother, hospital and dispensary, have their parts. She is, of course, not always able to persuade the family to be loyal to the physician, although all her training influences her to that end, but in extremely emotional households she has often been the one person who has remained at the bedside through the frequent changes of the physician. Her personality has controlled when others have failed.

"Unfortunately, the irregular, indifferent, and infrequent visits of the charity dispensary physician are further complicated by the family's friends more often than by the family itself. These friends often send in additional doctors, sometimes a different one every day."—*The News Letter.*

EXAMINATION PAPER, ST. JOSEPH'S AND R.M. AND GENERAL HOSPITALS, JUNE 17th, 1914.

By Dr. C. C. McCullough, Specialist in Eye, Ear, Nose and Throat.

1. Make a sectional, schematic drawing of the human eyeball, marking thereon the names of the different structures.

2. Define—Cornea, conjunctiva, iris, lachrymeal gland.

3. Follow a sound wave from the time that it strikes the external

auricle until it is interpreted at the centre of hearing.

4. Define—Eustachian tube, mastoid, antrum, oval window, cochlea.

5. Name the three chief nasal passages and state what accessory sinuses open into each.

6. Define—Maxillary antrum, naso-pharynx, faucial tonsil, vocal cords.

7. Describe your technique in: (1) Instilling drops into an eye; (2) Applying moist compresses (cold) to an eye; (3) Irrigating an ear; (4) Spraying a nose with an atomizer.

8. Describe how you would nurse a case of ophthalmia neonatorum.

9. What are the symptoms of, and what would be your early treatment of, acute otitis media?

10. Suppose you were appointed "school nurse," what defects and diseases of the eye, the ear, and the nose and throat, would you be on the lookout for?

1. What would be your first aid: (1) In a penetrating injury of the eye; (2) In a foreign body in the ear?

THE SCHOOL NURSE

"The child is the growing point of progress. It is the present incarnation, more than a symbol, of the future. When we look through the Eastward window we see the child—perhaps 'the Christ that is to be.' "—"*The Child*," London, Eng.

In the June, 1914, number of "The Child" is an article called "The semi-parented Child." It deals particularly with the problem of giving mothering and home comforts to motherless children in poor circumstances, where desirable paid help is beyond the family's purse. An effort is being made in St. Pancras to meet this condition. A small home was established, and children whose fathers could contribute towards their support are given a home life. "On Saturdays and Sundays the fathers—looking, to adapt Punch, 'too respectable to be fathers'—visit the children and are welcomed so blissfully as to negative any suspicions that we are 'breaking up the family.' "

For those unsuited for the home a visiting mother is supplied, who oversees the efforts of the big little sister or overburdened adult relative. She takes cases to the hospital where there is no one to escort the child. This help to a father or mother is a boon, preventing, as it does, the greater sorrow of being separated from their children. This fragment from a fine article does not do it justice, but it gives us a new seed thought, for we, as school nurses, meet these same difficulties in our work.

With the institution of rural inspection of schools throughout Canada will come fresh workers into the field of school nursing. We earnestly solicit your interest in the School Nurse page of "The Canadian Nurse." Make it the medium of exchange of ideas with all other school nurses who read it.

As a tribute to the late Dr. W. H. Doherty, Dental Inspector for Toronto schools, we can do no better than quote the obituary in "Oral Health."

William H. Doherty was one of the great men of dentistry whose place it will be most difficult to fill. His passing has occasioned his many friends the deepest sorrow and has cast a shadow on the entire profession. Though but a young man, his record of service was abundant.

Dr. Doherty's name will always be associated with the organization of dental clinics in the public schools of Toronto, he having had charge of the work from its inception. In his college work, as professor of dental anatomy, he was loved and admired by students and members of the faculty alike.

The knowledge of such a life of service and achievement will be a great comfort to his bereaved dear ones and an inspiration to others.

Dr. Wallace Seccombe, editor of *Oral Health*, has been appointed Chief Dental Inspector for the schools of Toronto.

The appointment of Miss E. M. Paul as Superintendent of School Nurses of Toronto, has been made permanent by the Board of Education.

To the Editor, The Canadian Nurse,

Dear Madam: Canadian nurses have been so deeply interested in seeing Mrs. Fanny Wilde McEvoy cared for in her last days that I feel they should know that her prospects for a longer stay on earth are very uncertain. On the last day of January she suffered a slight stroke of paralysis—affecting chiefly her left arm and side, and to a certain extent her voice. Other organs are more or less involved. It was thought at the time that she would not linger more than a week, but, to the surprise of everybody, she began to improve, her voice recovered, she was able to swallow pretty well, and her mind seemed as bright and clear as ever. However, the improvement has not advanced. She is confined to bed and probably will be until she dies. We do not know what to predict as to how long she may need our care. But everything needful is being done for her, and her many friends in Canada should feel a sense of satisfaction in knowing that she is made as comfortable as is possible in her condition.

Again thanking all the Canadian friends who have interested themselves in her welfare, I am, Faithfully yours,

CHARLOTTE A. AIKENS.

LE TOUQUET.

(From Miss Clint, Graduate R.V.H., Montreal.)

February 7th, 1915.

We had the hospital filled again the beginning of last week, but at present there are only 24 patients on the ground floor instead of 125, and we are absolutely idle.

We had a surprise visit from the Prince of Wales last week. One of my patients saw three officers strolling up the driveway, and exclaimed, "By jove! That looks like the Prince of Wales!" and glancing towards the steps, I saw him running up into the hall. Fortunately, my orderly was just finished scrubbing the floor and the ward was tidy, as ours is usually the first visitors come to. Presently he came in with the Colonel—just the same quiet, serious-looking boy he always seems to be in public. As it was a private, informal visit, no one announced him, and beyond all the men standing at attention he was not officially recognized, though he saw we all knew who he was. He looked at a few notices on the walls, and asked several questions about the hospital, but did not speak to any of the patients in our ward. In the next ward he recognized a school friend, and had a chat with him, as well as talking to the other officers and privates. He stayed about 20 minutes, complimenting the hospital, and saying he would "write to his father" about how well the Canadians were established. He signed the visitors' book "Edward." With him were Lord Claude Hamilton and Colonel Barry, and they had walked from the next village, coming from the front by motor car.

H.R.H. was in khaki service dress, with bulging pockets, and the most awful looking boots I ever saw. He looked very well, and the minute he was outside produced his pipe, and started off at a good pace in the middle of the road to visit another hospital.

The same afternoon, the Duchess of Westminster and her mother, Mrs. Cornwallis-West, came to see the hospital. The Duchess is a fine-looking woman.

Our last wounded included some German prisoners, who were with us ten days, and were then sent to England. Those who spoke English were boastful, and pretended to be confident. One was a brutal-looking sniper, whom everyone hated, but they all behaved themselves quite well. I didn't have any, thank goodness!

These last men were more badly wounded than any we had yet got in, and the horror of the fight, two nights before, was still on them when they told us their stories.

We had a Coldstream, an Irish, and a Scots Guardsman, but a Grenadier was sent upstairs, or I should have had a representative of each of the four regiments.

The boy you enquire about—the last of the King's Guard—was

able to be sent to England, but not a word has been heard of him since, so we don't know what to think, as they usually write to us at once.

There are many heroic incidents, which, of course, never get into the Press, but one which struck me most was that of a man engulfed in the thick liquid mud in a trench during a night attack. His comrades tried to rescue him, at their own peril, both of sharing his fate, or being captured by the enemy, but he insisted on their leaving him, saying, "Go on, boys, save yourselves; I'm done." In the morning all that could be seen at that spot was the point of his bayonet. Doesn't it remind you of the sentinel at Herculaneum during the eruption, who died at his post in the flood of lava?

Last night a Zeppelin raid was expected about Boulogne, which was placed under martial law, lights out at 8 p.m., etc., but nothing happened.

Our two big revolving lights above the forest here have been out for a week past, as they, I suppose, afford a coast signal to submarines.

The weather has greatly improved, and though it was bitterly cold and windy last week, the last few days have been glorious.

Yesterday I walked in to Paris Plage by the sand dunes and beach with another nurse, and came home through the forest. It was about 8 miles altogether.

The day before two of us went in another direction through the woods to the village of Etaples, very small and dirty, but with a few traces of quaintness, which make it more interesting than Paris Plage.

It was on the ground between that place and Boulogne that Napoleon's army for the invasion of England was mustered 100 years ago, and his headquarters were in a chateau not far off.

There was a big camp on the hills beyond Etaples a few weeks ago. Everyone anticipates a frightful campaign in the Spring. I see by the papers last night that the first of the men to die of those who came over with us on the "Franconia" is Lt. Sharpe, the aviator. He was only 24, and had been married one year.

Don't believe all the Canadian papers say about the Princess Patricia's great charge. Lady Evelyn Farquhar, wife of the commanding officer, was here yesterday, and told me they had had an arduous march of 16 miles, then went right into the trenches, and in the next 48 hours had to sustain an attack, and many had frost-bitten feet before they were relieved. They were quite steady, and behaved well, but as for gaining a mile and a quarter of ground, and driving the Germans in confusion before them, such a thing never happened. I hope the Canadian Press will not commence to boast of every Canadian company that fires a shot. It would be something like the undue praise given to the London Scottish, who merely performed what dozens of regiments of the line were doing every day for months without a word

of mention. To do them justice, the members of the corps themselves disclaim all credit and are much annoyed that such a fuss has been made over them because they were territorials. No regiment or contingent can hope to equal the achievements of the British Army, which has fought and died these last six months, and it might as well be acknowledged now as later.

The residents here consider the winter has been very mild, as they often have snow early in January, and so we may have cold on into March. At present, however, the grass is quite green, and people are playing golf daily. Yesterday, when we walked into the village, it was hot enough to go in our blue cotton dresses. It will likely be very hot in summer—there is so much sand and no shade where we are. I expect we shall be in France all this year, anyway.

As we walked through the peaceful woods yesterday, we could not realize we were only forty miles from the firing line. It would seem so near in Canada. But except for the absence of men, no one seems to be much affected by war in the country—to the casual observer, anyway. One has to talk to the people to find out how many relatives are at the front, and everywhere one goes there is a silence and an expectation, even though the war may never be mentioned. We have not heard guns for a long time now.

Some excerpts from a letter from a T. G. H. graduate, whose husband has gone in charge of a Red Cross Unit to Montenegro and Servia, may be of interest. The party left London, England, on January 19th. "They have supplies for six months, and material for a hundred-bed hospital. I had a letter from Gibraltar and they had a very stormy trip that far." "The Montenegro party was landed at Malta, where Fred had a letter of introduction to the Admiral in charge." "They say things are in an awful condition in Montenegro and Servia. Cholera and typhus are rampant. London is quiet but interesting. One sees so many men in khaki, the strangest being the Indian wounded with their khaki uniform, with the turban of the same color. The little Jap Red Cross workers look so pleased with themselves. They reminded me of William in Punch's Almanac for 1915—'He was so proud his boots hurt him.'"

Belgium, Mar. 8th, 1915.

I had a delightful twelve weeks in England before coming over here. Was in Auxiliary Military Hospital in Lady Rosemary Portal's country house. There were two of us, my friend who came from Honolulu, and we had twenty patients, mostly convalescents.

We were treated so nicely and taken all over the place. Lady Rosemary was a perfect angel. Sent us around in her car and took us

out to luncheon and dinner. We had to go in uniform, as we had no other clothes, but never have I been in the fashion to such an extent. Almost the entire female population of England is wearing a nurse's uniform. Certainly all the aristocratic women are gotten up as nurses.

I am at No. 3 Clearing Casualty Station now; we are quite close to the trenches. They do not allow women nurses any nearer the firing than this station. Our patients are picked up and a first dressing applied by the Field Ambulance Corps, then they are sent by motor convoy to us. We feed them, re-dress their wounds, wash them, and change their clothes, then send them by ambulance train to the base. They come to us just as they are in the trenches, covered with mud and so dirty and wet and cold. What they must suffer no words could describe. I suffer from the cold myself, and have never been dry or warm since I have been in Belgium, but, then, my suffering, which is quite bad enough for me, is nothing to what they go through.

This is most interesting and by far the most worth-while work I have ever done. I am so glad to have had the opportunity of doing something for these brave fellows. Their courage is wonderful and they are uncomplaining. We do little enough for them, goodness knows, but it seems to make the most wonderful difference. The hot soup we give them and the wash and change, and they go away different human beings. Of course a great many die, but the marvel is that so many who have the most awful wounds recover.

No one could imagine the horrors of a war like this, unless they were here and could see for themselves.

So far I don't think much of Belgium. It is so dirty and, as far as I can see, it has the worst climate in the world. As for the people, they only seem half civilized to me. They are so primitive and so frightfully dirty. There are seven nurses here, and we are billeted around in filthy little rooms. I did not know human beings could live in dirt like this.

The guns are making such a row to-night. That means lots of patients to-morrow.

E. L. CRAIG, Q.A.I.M.N.S.R.

Editorial

REGISTRATION

Nurses everywhere should study this question as they have not studied it before, for never before has the lack of legal status wrought such wholesale injustice, and, as usual, it is the sick who are the greatest sufferers. It is true, the sick have suffered at the hands of the pretender many a time, but the injustice stands out more glaringly when our brave soldiers are the victims. And why? Not because of a lack of skilled, trained nurses who stood ready to answer their country's call. Oh, no! The reason must be sought somewhere else. And while you are looking for the solution of the problem, just remember that the soldiers are suffering needlessly because of somebody's blunder.

The following excerpt from an editorial in *The Canadian Journal of Medicine and Surgery* gives the truth plainly:

"It is well for the nerves of the soldiers that they can laugh, and some amusing remarks from even their censored letters have been 'going the rounds in Toronto about the loving brigade of "sob sisters" who have usurped the rights of the trained nurses and made the sick beds of the men anything but beds of ease. One of the boys has emulated the example of a soldier too much coddled, at the time of the South African War, who put up a card on his cot bearing the following inscription, "Too sick to be nursed to-day."'

"It is bad enough to be in the grip of pain from wounds, be they won ever so gloriously, but to have to 'put up with a kind but clumsy young woman gushing over one, sticking every pin in as if one were a human pincushion, being burned with a hot water bottle—well, it's more than we bargained for.' It is not right, it is only fair that trained nurses under strictest discipline who know their work, and whose business it is to do it faithfully and well, should take charge of the wounded. No wonder strong protests come from surgeons and men alike at the nuisance these kind but misguided young busybodies make of themselves, and how their violent and untrained efforts often seriously retard recovery of their soldier victims.

"What a pity that these 'sob sisters' cannot see 'theirsels as ithers see them' and go home, join the knitting brigade and get busy praying (as every woman should) for Peace."

Does this not bring home to each nurse the necessity of definite,

persevering work for Registration that such awful conditions may never again be possible? While nurses are not to blame for this needless suffering, they should do all in their power to make illegal the procedures that make such conditions possible.

THE SCHOOL NURSE

There are many school nurses in Canada now, and the number is steadily increasing. There should be no difficulty in maintaining a page for the school nurses, if each one will contribute her quota to help the others who are wrestling with work that is new and problems that are difficult. Interchange of ideas and plans is always helpful and stimulating. No one can attain to the pinnacle of perfection alone. So let us all have the benefit of your experience. If each school nurse will count it part of her work each month to send some contribution, however small, all will be helped and none will find the extra work burdensome. Will you not do this?

Nurses who contemplate visiting the Panama Exposition should plan to take in the meetings of the American Nurses' Association, which are noted elsewhere. These meetings are always interesting and inspiring, and very much worth while.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck.

After the close of the regular meeting the programme committee met to consider plans for the annual meeting, at which a large attendance is desired.

All nurses are welcome to attend the meetings, whether members of the Association or not.

On account of so many of the nurses in the Kingston district volunteering for overseas service, and the unusual activities of nurses generally, it has been considered necessary to either postpone the annual meeting, which was to be held in Kingston, from May to September, or curtail programme to a business session to be held in Toronto at the usual time. Definite plans will be made at the next Executive meeting and members will be notified of change of time, if any, and place of meeting.

RE MEDICAL INSPECTION AND SCHOOL NURSING

The Room

If possible, there should be a small room set apart for the doctor and nurse, with wash basin, soap, towels, a table, chairs, record-drawer, tongue depressors, pen, ink, and paper. Here the examinations are made. If a separate room is not available—and it will not be in old school buildings—part of another room or part of a hall should be screened off, as it is desirable to have a separate private spot for this work.

The ideal system of medical inspection implies a medical inspector and a nurse to follow up the pupils to their homes, when necessary. When there is a regular medical inspector, he makes the examination of the children, the nurse being present and often marking the records as he dictates. To the nurse will be left the arranging as to sending up of the pupils for examination—they are sent up in groups usually with the monitor and are sent back to their class as speedily as possible. General examination should be made of each child at the beginning of each term, and as often besides as is indicated and is permissible by circumstances and conditions, and a record kept.

The points to be noted are: Name, Address, Form, Parents or Guardians, Nationality, General physical condition, General cleanliness, Cleanliness of head specially, Eyes, Nose, Ears, Throat, Skin, Teeth, Mentality, Deformities, General remarks.

The card catalogue system is recommended for the records.

Any child found with anything of an infectious or contagious nature is sent home at once, if possible, but, at any rate, is isolated, and a card or note is sent home with him, stating why this step is taken. Any child with anything defective: e.g., bad teeth, swollen tonsils, adenoids, etc., is given a card or note to his parents, pointing out the

defect, and advising that the family physician or dentist be consulted at once. The nurse then follows up each child who has been found defective, to his home, meets the mother or guardian, and explains what is wrong, why it should be corrected, and gives advice, if necessary, on the best way to meet the difficulty.

As pediculosis (lice in the head), is one of the commonest diseases found in many of the schools, it has been found advisable to have little slips printed giving detailed instruction as to how to get rid of this disease, and these are given to the mothers, when necessary.

When a nurse only is employed, the examinations, records and home visits are made by her as described above. There are several points to be noted that are of importance in taking up this work:

First, it may be done only with the permission of the School Board.

Second. No pupil may be sent home without the consent of the Principal. The card or note must be taken to him to be initialed before the child leaves the building. The Principal's word is law in the school.

Third. Very great tact must be used by the nurse in approaching the parents. Many parents do not understand the system, and so at first resent it, but when a tactful nurse explains the reason there is no more difficulty.

In the rural schools, especially, attention should be given to the school building, the sanitary arrangements, ventilation, the cloak and recreation rooms, and every effort made to have the common drinking cup, the common cake of soap, and the roller towel done away with. Besides, it is very helpful for the nurse to give five-minute talks on hygiene, use of tooth brush, and so on, to the pupils, whenever it can be so arranged. The school nurse is the link between the home and the school, and very much good comes from forming that link and keeping it strong.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

NURSING EFFICIENCY

Efficiency is the watchword of the world's workers to-day. The ability to accomplish results with the least expenditure of time is taught the manual laborer. It is sought to eliminate every useless movement in laying brick or nailing boards.

To withstand the bodily wear and tear, and mental strain incidental to nursing, it is needful that the nurse should know how to use her body and mind so as to conserve her energy.

The nurse has to use every faculty of mind and body. She must train her eyes so that they will see at once what needs to be done whenever she enters the sick room, and her mind to comprehend what should be done first, so as to save time, eliminating every unnecessary step and every movement that may cause waste of time.

The writer sat down one day in the hall of a large sanitarium and watched the nurses as they passed to and fro along the halls, and noted **wasted efforts.** One with a pitcher and can walked about fifty feet from the supply room, and when at the patient's room door found she had forgotten her enema tube. One hundred feet of useless walking—and this was but a sample of a score of other efficiency wastes occurring **every day in all institutions.**—Kate Lindsay, M.D., *Colorado Nursing News.*

HOSPITALS AND NURSES.

British Columbia

The annual meeting of the Victoria Nurses' Club was held in the Y.W.C.A. rest room, on February 1, 1915. After the reports of the President, Secretary, and Treasurer were read, the following officers were elected: Miss E. H. Jones, President (re-elected); Miss G. S. Smith First Vice-President; Mrs. A. C. Gregg, Second Vice-President; Mrs. C. W. Thornton, Treasurer (re-elected); Miss C. Campbell, Assistant Treasurer; Miss M. E. Morrison, Secretary (re-elected); Miss A. Williams, Assistant Secretary (re-elected); Miss Craighead, Miss Bapty, Miss Nash, executive committee. 1914 was an eventful year for the Victoria Nurses' Club. The club gave up the room in the Alexandra Club, and now holds its meetings at the Y. W. C. A. In April we entertained the B. C. Graduate Nurses' Association, and held our annual dance. The final payment was made on our club lot, also the taxes and registration fee paid. We have given the use of our lot to the Vancouver Island Development League, to be cultivated by some of the unemployed. Two sick members were helped. Ten of our members volunteered for service. The club members have knitted two dozen pairs of socks and made many abdominal binders for the soldiers.

Miss Nancy Nash married Mr. Inglis just prior to Mr. Inglis' departure to Bermuda for garrison duty.

Miss Ethel Saunders was entertained at tea by Miss E. H. Jones, also the members of the Victoria Nurses' Club. Miss Saunders received a wire to be ready for a call to the Front. Mrs. Thornton also entertained Miss Saunders and friends to tea.

The Victoria Nurses' Club held their annual dance on April 8th.

Alberta.

The annual meeting of the Graduate Nurses' Asociation of Medicine Hat was held on January 21, 1915. The following officers were elected: President: Miss Winslow; First Vice-President, Mrs. C. E. Smyth; Second Vice-President, Miss McLaurin; Secretary, Miss Ford; Treasurer, Miss Auger. Executive Committee: Mrs. Koehane, Mrs. Williamson, and Miss Clarke.

Miss Margaret West, recently in charge of the Isolation Hospital in Medicine Hat, and Miss Margaret Dunne, graduate of the Medicine Hat General Hospital, '12, sailed from Halifax in January on the S.S. Zeeland, and are now in England with the Canadian Military Nursing Corps.

The Graduate Nurses' Association of Medicine Hat gave a tea on February 6th, at the Nurses' Home of the General Hospital, in aid of the Red Cross Fund. The proceeds amounted to over $70.00.

Miss Macey, Lady Superintendent of the Maple Creek Hospital, was a recent visitor in Medicine Hat.

Miss Ford, of the Medicine Hat General Hospital staff, has returned from Winnipeg and is doing social service and district work in connection with the hospital.

Miss Pike is nursing in Maple Creek. Miss B. Collies is spending the winter in California.

Miss Mary MacIsaac, graduate of Toronto General Hospital, who for the past year has been lecturer in Home Nursing, Hygiene and Sanitation, etc., on the staff of the Alberta Agricultural Colleges, has received the appointment of Superintendent of Women's Institutes for the Province of Alberta.

A system of medical inspection for the Public and Separate schools of Calgary has been established mainly through the efforts of Dr. J. H. Birch, of the Public School Board. Dr. F. Evelyn Windsor has been appointed School Health Officer, with a staff of seven nurses to assist her. These include Miss Ethel Reid, Victoria Hospital, London, Ont.; Miss A. M. Gee, City Hospital, Minneapolis, Minn.; Miss B. M. Prosser, Guelph General Hospital; Miss K. M. Lonsley, Hackensack General Hospital, Hackensack, N.J.; Miss A. M. Duncan, General Hospital, Calgary, Alta., and Miss E. McPhedran, New York Hospital, New York City, for the Public Schools, and Miss L. LeBlanc, Newton Hospital, Newton, Mass., for the Separate Schools. Rooms for dental and for eye, ear, nose and throat work have been equipped at the School Board offices. The Calgary Dental Club has taken charge of the dental clinics and the members alternate in giving their services free of charge for three afternoons each week. Each of the four specialists in eye, ear, nose and throat work hold a clinic once a week. The necessity and popularity of the work is shown by the crowded waiting room every clinic day.

Miss M. I. Macfarlane, graduate of the General Hospital, Calgary, has been appointed as a representative of the Alberta Red Cross Society to do army nursing under the British Red Cross Association. Miss Macfarlane expects to leave for the East shortly, and to sail for England about the 15th of April.

Miss Avery, of the Calgary General Hospital, has given up her position in charge of the Maternity division and gone East for a much-needed rest. She has been succeeded by Miss Fream, '14, C.G.H.

Manitoba

The Alumnae Association of the St. Boniface Hospital has had some interesting letters from its nurses in London with the A. M. C. They cannot speak highly enough of the kindness of everyone in London. They expect to be sent to France in the near future.

Miss B. MacKinnon, of St. Boniface Hospital, class '12, who has been suffering from an attack of pleurisy, is recovering.

Miss Rose Quinn, of St. Boniface Hospital, class '12, spent a few weeks holidaying at her home in Melita, Man.

Rev. Sr. Lupien, Superintendent of St. Boniface Hospital, accompanied by Rev. Sr. Wagner, Superintendent of Nurses, are at present visiting the larger hospitals in New York, Chicago, and Eastern Canada. They are also buying the newest and most up-to-date operating room and hospital supplies for the new wing of the St. Boniface Hospital, now under construction.

Rev. Sr. St. Thomas, of St. Boniface Hospital, class '11, is suffering from an attack of hemiplegia, and slight hopes are entertained for her recovery.

Ontario

The Red Cross Society of London is sending among the nurses to go to the Front Miss Bertha MacIntosh, who has been till now Assistant Superintendent to Miss Stanley, of Victoria Hospital.

Hamilton: Miss Roadhouse, of the Nurses' Club, has succeeded Miss Osborne as nurse in Dr. Colbeck's office, Welland, Ontario.

Miss Dahl has been in Welland relieving Miss Bradley, of the Cordage Co.

Miss Lilian Dixon, class '14, is going to the front as a Red Cross nurse, under the auspices of the Red Cross Society.

The annual meeting of the Hamilton Chapter of the Graduate Nurses' Association of Ontario was held Friday evening, March 26th, at the Nurses' Club, 137 Catherine St. N. Following the disposal of the routine business, the following officers were elected for the coming year; Miss, Merriman, President; Miss Mabel Dunlop, First Vice-President; Miss Laidlaw, Second Vice-President; Miss Storms, Secretary; Miss Edith L. Taylor, Treasurer; and an executive committee composed of Miss Deyman, Miss Renton, and Miss Helen Smith. In future all meetings of the chapter will be held at the Y.W.C.A., as it is more convenient for the members than the club.

The Graduate Nurses' Association of Thunder Bay District, while not taking up Red Cross work definitely, has assisted the women's organizations that are engaged in the work.

In Port Arthur the Women's Canadian Club are doing Red Cross work. Our Association, early in September, gave $10.00 to the Hospital Ship Fund. Later $10.00 worth of bandages was made up at the two hospitals in Port Arthur; six cholera belts were made at St. Joseph's Hospital, and several pairs of socks were given by our members. Dressings made up by different societies are being sterilized at our hospitals. Different members have aided by directing outside societies in making

dressings and pneumonia jackets. Ten scissors given for housewives for soldiers.

In Fort William our society gave $13.50 worth of bandage material, which was made up at McKellar Hospital into different kinds of bandages. Our President, Mrs. Cook, has been very active, and made up 25 cholera belts, five bolts of cotton of which she donated one, also five rolls of gauze into dressings, which were sterilized at McKellar Hospital. The Womens' Patriotic Auxiliary is doing Red Cross work at Fort William. The Belgian Relief Society has also done some Red Cross work and received assistance from the Graduate Nurses' Association.

Berlin: The graduating exercises of the Berlin-Waterloo Hospital were held on the evening of April 30th. The members of the class are: Mrs. Turner, Miss Wunder, and Miss McCorkindale.

Miss Helen Potter, class '12, B. W. Hospital, left for the Quebec Military Hospital, from whence she expects to embark for military service at the Front. A large number of the pupil nurses and of the graduate nurses and doctors met at the station to bid her Godspeed, and literally showered her with flowers as she boarded the train. Many of our nurses feel "called to go," but (very Scripturally) "few are chosen."

Miss Eleanora Smith has been engaged by the Board of Education as Public School Nurse. Miss Smith has the honor of being the first Public School Nurse for Berlin.

The Graduate Nurses' Association here has been busily engaged trying to help along in our present crisis by making surgical dressings for the Red Cross Society.

The February regular monthly meeting of the Graduate Nurses' Association was held at the home of Miss Master. The meeting was scheduled as a "Social Evening," but the executive felt that sociability would be best promoted by work, and notified all members to bring along their scissors and get busy. The results were four bales of sectional dressings, bandages, and sterilized old linen compresses.

The March meeting was held at the hospital. After the routine business the life of Florence Nightingale was studied. The theme was divided into three topics: "Early Life and Training," by Miss Potter; "Life at the Crimea," by Miss Winterhalt, and "Closing Days," Miss M. Master. At the conclusion of the meeting the nurses were very pleasantly entertained by Miss Rodgers, Superintendent.

The regular program for the April meeting was set aside, and an afternoon and evening were employed in making more surgical dressings for Red Cross purposes. The meeting was held at the home of Mrs. Bilger, President (a graduate of the Toronto General Hospital), who delightfully entertained the nurses to luncheon.

Peterboro: Miss Gertrude Reid, A.M.C., graduate of Nicholl's Hospital, has gone to take charge of the Military Hospital, Kingston.

Miss Grace Crowe, who has been in charge of the operating room of the Nicholl's Hospital, has resigned on account of illness and is succeeded by Miss Burgess, class '14.

Very much regret is felt over the illness of Miss Brotherson.

At a recent tea, held by the graduate nurses in aid of the Red Cross Fund, the married nurses were most enthusiastic workers. Among them were two former Superintendents of Nicholl's Hospital—Mrs. (Dr.) Carmichael (Miss Bolster), and Mrs. David Millar (Miss Coleman). The effort was most successful.

QUEBEC

Miss Olive Ross, class '09, R.V.H., Montreal, went last autumn from her home in Edmonton, to take charge of a mission hospital at Grande Prairie, Alberta. She wrote to the Alumnae Association a very interesting and amusing account of her journey, most of which was by stage, and occupied, owing to various adventures, seventeen days. The hospital is small but convenient and home-like, the people very kind, interested and appreciative, and, as the railroad is being constructed and coming nearer all the time, she hopes not to feel quite so much out of the world very soon. Her fellow members of the Alumnae Association wish her every success in her new work.

NEWFOUNDLAND.

The Newfoundland Nurses' Association has been trying to do a little to help the poor of the city and relieve in some measure the distress caused by the want of work consequent on the war. A tea among the members, a pancake party on Shrove Tuesday, to which the hospital nurses were invited, and a musicale in the Girls' Department of the Seamen's Institute brought in $65.00. The musicale was under the patronage of Lady Davidson, who was accompanied by Miss Davidson. It was a great success. As the room was small, admission was by invitation only, and every available space was filled.

A donation of $5.00 from His Excellency the Governor, and another $5.00 from an unknown friend brought the amount up to $75.00. The membership of the Association is steadily increasing and meetings have been held regularly all through the winter.

Miss Anna Lee, Minneapolis, Minn., a graduate of the Southwestern Hospital, Minneapolis, Minn.; also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged to take charge of the bath department of the Hotel Homestead, Hot Springs, Va.

Miss De. Anna Sloan, Titusville, Pa., a graduate of the Lee Private Hospital, Rochester, N.Y., and also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged by the mechanical department of the Scarlet Oaks Sanitarium, Cincinnati, Ohio.

Miss Emma Gertrude Lavers, Easton, Pa., a graduate of the Chautauqua Normal School of Physical Education; also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been retained by that institution as an instructor.

Mrs. S. Caroline Beer, Philadelphia, Pa., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged by Poland Springs Sanitarium, South Poland, Me., to take charge of the hydriatic department of that institution.

THE AMERICAN NURSES' ASSOCIATION.

"The American Nurses' Association will hold its eighteenth annual convention in San Francisco, June 20-26, 1915. With this Association are affiliated the National League of Nursing Education and the National Organization for Public Health Nursing, the three associations representing a membership of more than 25,000 nurses. The convention week will be opened by a special Sunday evening session, at which Dr. Aked will preach to the nurses assembled. Registration, important business meetings, and a formal joint opening session will mark the proceedings for Monday. The four following days will be devoted to papers, discussions, sectional conferences and round tables at which the problems of the three different bodies will be considered, sometimes in separate sessions, sometimes in large joint meetings. The programme is not yet in its final form, but it promises to be of great interest and advantage to all. It is hoped that as the convention is held at the same time as those of the American Medical Association and the American Hospital Association, many nurse superintendents of hospitals can be present who could not otherwise attend two conventions, and that many nurses who are wives of physicians may attend the nursing meetings while their husbands are engrossed in their own duties. Then, too, the dates, late in June, will make it possible for vacations to be planned to include the convention and the Exposition."—*The American Journal of Nursing.*

HEADQUARTERS HOTEL.

The Clift Hotel, Geary and Taylor Streets, is official headquarters for delegates. No single reservation prices are quoted, but with twin beds in each room and private bath the rate of $5.50 per day is very reasonable ($2.75 each), and the hotel is attractive in every way, three-minute walk to convention hall, and on direct line by municipal cars to the Exposition.

Y.W.C.A. Women's Hotel.

Nurses coming alone to San Francisco will be glad to note that the Young Women's Christian Association has opened a hotel for women. The rates charged are most reasonable, and will offer good opportunity for attending our State and National Conventions June 20 to 26, with least possible expense. This hotel is two blocks from our convention hall, and on direct line to the Exposition.

Y.W.C.A. Women's Hotel, 642 Jones Street, San Francisco. Telephone Franklin 5940.

Per Day.

One in room	$1.00	$2.00	$2.25
Two-room suite	.....	.....	3.50
Two in room (each person)	1.00	1.50	1.75
Two-room suite	.....	.....	2.00
Three in room (each person)	1.00	1.25	1.50
Two-room suite	.....	.....	1.75

Per Week.

One in room	$7.00	$10.00	$12.50
Two-room suite	.....	.....	20.00
Two in room (each person)	7.00	7.50	8.50
Two-room suite	.....	.....	12.50
Three in room (each person)	7.00	7.00	7.50
Two-room suite	.....	.....	9.00

Monthly Rates.

Single rooms, $25 to $35; suites, $50.

Private bath with each room with the exception of a very few $1 rooms.—*The Pacific Coast Journal of Nursing.*

LABRADOR SENDS ITS GIFT TO BELGIUM.

To those who have given generously to the Red Cross and other agencies for relieving the distressed people of Europe, it will be especially touching to read of the way in which Labrador has contributed.

The people of the peninsula decided the best thing to do was to hold a fair, although it was a puzzle to know who would have the money to buy, but they brought everything they could. The spirit of self-sacrifice ran high, and when the day of the fair dawned at St. Anthony, December 16th, Dr. Grenfell and his assistants hardly knew whether to laugh or cry over the heterogeneous mass of articles brought to the schoolroom where the fair was to be. The sentiment of the village was, "We must do something or stop praying with our mouths."

One man brought a new dog sledge; a poorer man a brace of wild ducks. Another donated snow shoes; then came a man with a pair of skin boots, and another with only a pair of boot bottoms—he couldn't afford to give more. A boy brought a rolling pin and board, another a footstool. There was a wonderful model sledge, and some stuffed puppies. A woman brought a pair of double knitted woolen mittens, which she asked if she herself could buy back for her Charlie, as he needed them. One woman whom Dr. Grenfell calls "a real, live Mrs. Wiggs," handed in a new pillow slip. "There's 60 cents worth of new stuff in it," she said; it was a veritable widow's mite.

Pathos was often mixed with hilarity, as in the case of one man who gave the engagement ring sent back by the girl who jilted him. Another man, somewhat better off than his neighbors, donated his watch, saying he could find out the time with a cheaper one.

It had been a problem who would buy all the things, and the most optimistic wondered where the money would come from. But it came. At St. Anthony there had been a second catch of fish—something unusual for that time of the year—and people came thirty miles to spend as many cents at the fair for the relief of the Belgians. And everyone was overjoyed to see the articles disappear. Lady Davidson, wife of the Governor of Newfoundland, gave her patronage, and well-to-do people sent sums of money to be expended for the articles contributed. One gentleman gave $50 to be used in purchasing articles, while Lock's Cove sent a buyer with $17. One man, who had six children, and could ill afford the contribution, bought a cake and then gave it back to be auctioned off again. When the fair at length closed everything was sold, the receipts amounting to $470.

Lest readers should think, however, that Labrador is prospering, it may be well to state that one of the hardest seasons in years is upon it. War has raised the cost of flour and other necessities, and closed the European market for fish, the income from which is the main support. Dr. Grenfell reports great suffering and hardship on every hand.—*The Canadian Congregationalist.*

THE NURSES' LIBRARY

State Registration for Nurses. By Louie Croft Boyd, R.N., graduate Colorado Training School for Nurses, connected with City and County Hospital, Denver, Colorado, 1899; post-graduate Presbyterian Hospital, Chicago, Illinois, 1903; member Colorado State Board of Nurse Examiners, 1905-1909. Second Edition, enlarged. Octavo volume of 149 pages. W. B. Saunders Company, Philadelphia and London. Canadian agents, the J. F. Hartz Co., Ltd., Toronto. Cloth, $1.25 net.

Miss Boyd has arranged a most convenient book of reference for nurses who wish to make themselves conversant with registration as it obtains in the United States. Her "Summary of Laws" makes comparison easy. And for further study, the full text of the different laws is given.

A Compend of Obstetrics, especially adapted to the use of medical students and physicians. By Henry G. Landis, A.M., M.D., late Professor of Obstetrics and Diseases of Women in Starling Medical College. Revised and edited by William H. Wells, M.D., Assistant Professor of Obstetrics in the Jefferson Medical College, Philadelphia; Assistant Obstetrician in the Maternity Department of Jefferson Medical College Hospital; formerly adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic; Fellow of the College of Physicians; Member of the Obstetrical Society, etc. Ninth edition, illustrated. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price $1.00 net. This Quiz-Compends will be very helpful to the nurse student in review work.

The Muscular System. By Harold Burrows, M.B. (Lond) B.S., F.R.C.S. Profusely illustrated. The Scientific Press, Ltd., 28 and 29 Southampton St., Strand, London, W.C. Price 1/ net.

Notes on the Nervous System. By Edwin L. Ash, M.D.Lond., formerly physician (out-patients) to the Italian Hospital, London; Cheadle Gold Medalist, St. Mary's Hospital, Paddington; Sometime Demonstrator of Physiology, St. Mary's Hospital Medical School; author of "The Nursing of Nervous Patients," "Nerves and the Nervous," etc., etc. These two tiny volumes deal in the briefest way with the subjects indicated.

Questions and Answers on midwifery for midwives, with syllabus of lectures for the "C.M.B." By A. B. Calder, M.B., M.R.C.S. Fourth edition. 16 mo. Price 1/6 net. Bailliere, Tindall and Cox, 8 Henrietta St., Covent Garden, London, 1915. This little booklet provides a convenient means of reviewing this subject.

The Curative Action of Radium, by Sigm. Saubermann, M.D., of Vienna and Berlin. Fifty pages with 35 halftone illustrations. Pub-

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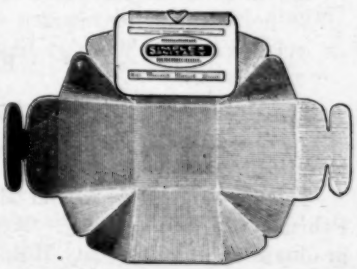

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The booklet will be sent free to our readers on application to the publishers, by mentioning "The Canadian Nurse."

MARRIAGES

In Montreal, in December, 1914, Miss Leela P. Greetham, to Mr. Harry Powers, of Montreal.

At Toronto, Miss Alta Horsey, graduate of St. Boniface Hospital, class '13, to Dr. R. L. Hurst, of Winnipeg.

On January 20, 1915, at St. Mary's Church, Winnipeg, Miss Mary Holden, graduate of St. Boniface Hospital, to Mr. F. H. Hartman, of Barrows, Sask.

On January 11, 1915, in Montreal, Miss N. Tough, graduate of Montreal General Hospital, to Mr. Charles Nelson. Mr. and Mrs. Nelson will reside at 471 Cote St., St. Antoine Road, Westmount.

At Ottawa, on January 6, 1915, Miss Grace Moore, graduate of the Presbyterian Hospital, New York, and President of the Ottawa Graduate Nurses' Association, to Major Potter, of Ottawa, formerly of Halifax.

At Toronto, on January 1, 1915, Miss Edna Asselstine, graduate of Riverdale Isolation Hospital, Toronto, class '13, to Mr. F. R. Quirk, Toronto. Mr. and Mrs. Quirk will reside at 28 Millbrook Crescent, Toronto.

BIRTHS

To Dr. and Mrs. Burnett, Burlington, on March 15, 1915, a daughter. Mr. Burnett (Miss Robertson) is a graduate of Hamilton City Hospital, 'class '05.

To Mr. and Mrs. Alfred Morris, 203 John St. N., Hamilton, on February 28, 1915, a son. Mrs. Morris (Miss Millie Hanhan) is a graduate of Hamilton City Hospital, class '06.

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The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

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